

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

Shawn Tompkins

Plaintiff(s)

v.

Julie, John Doe, Kelly Willhelme

Defendant(s)

Civil Action No. 15-cv-50206

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Sheriff Kelly Willhelme

FILED
OCT 21 2015
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

A lawsuit has been filed against you.

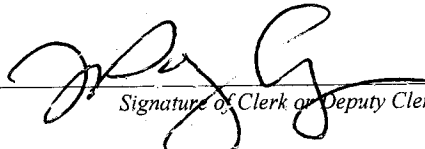
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Shawn Tompkins
R-45728
Danville C.C.
3820 East Main Street
Danville, IL 61834

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 09/28/2015



Signature of Clerk or Deputy Clerk

Civil Action No. 15-cv-50206

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) SHERIFF KELLY WILHELM
 was received by me on (date) 9-28-15.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) JENNIFER DYKSTRA, who is
 designated by law to accept service of process on behalf of (name of organization) _____
WHITESIDE COUNTY JAIL on (date) 10-20-15; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10-21-15

Bruce Schuur
 Server's signature

BRUCE SCHUUR SUPERVISORY DEPUTY
 Printed name and title U.S. MARSHAL

327 S. CHURCH ST. ROCKFORD, IL. 61101
 Server's address

Additional information regarding attempted service, etc:

Northern District of Illinois

Defendant(s)

Civil Action No. 15-cv-50206

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 15-cv-50206

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) NURSE JULIE
 was received by me on (date) 9-28-15.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) JENNIFER DYKSTRA, who is
 designated by law to accept service of process on behalf of (name of organization) _____
WHITESIDE COUNTY JAIL on (date) 10-20-15; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10-21-15


 Server's signature
BRUCE SCHMITT SUPERVISOR/DEPUTY
 Printed name and title U.S. MARSHAL

327 S. CHURCH ST, ROCKFORD, IL 61101
 Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN
 See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Shawn Tompkins	COURT CASE NUMBER 15 C 50206						
DEFENDANT Whiteside County Jail, et al.,	TYPE OF PROCESS Civil Summons						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sheriff Willhelme							
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Whiteside County Jail, 300 North Cherry Street, Morrososn, Ill. 61270							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Shawn Tompkins #R-45728 Danville Corr. Center 3820 East Main Street Danville, Illinois 61834 </div>							
<table style="width: 100%;"> <tr> <td style="width: 60%;">Number of process to be served with this Form 285</td> <td style="width: 40%; text-align: center;">1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form 285	1	Number of parties to be served in this case	2	Check for service on U.S.A.	
Number of process to be served with this Form 285	1						
Number of parties to be served in this case	2						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

Signature of Attorney other Originator requesting service on behalf of: Shawn Tompkins ☒ PLAINTIFF ☐ DEFENDANT
 TELEPHONE NUMBER _____ DATE **10-9-2015**

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 10F2	District of Origin No. 424	District to Serve No. 424	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date 10-19-15
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)
JENNIFER DYKSTRA CIVIL PROCESS SECRETARY

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **10-20-15** Time **14:50** ☐ am ☒ pm

Signature of U.S. Marshal or Deputy
[Signature]

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Shawn Tompkins	COURT CASE NUMBER 15 C 50206
DEFENDANT Whiteside County Jail, et al.,	TYPE OF PROCESS Civil Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Nurse Julie	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Whiteside County Jail, 300 North Cherry Street, Morrison, Ill. 61270	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Shawn Tompkins #R 45728 Danville Corr Center 3820 East Main Street Danville, Illinois 61834	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 2
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: Shawn Tompkins	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 10-9-2015
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2012	District of Origin No. A24	District to Serve No. A24	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 10-19-15
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) JENNIFER DYKSTRA CIVIL PROCESS SECRETARY	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 10-20-15 Time 14:50 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED